NOTICE OF FEE DUE



DATE:	02-20-00			≘ '
TO:	02-20-00 Utility			
FROM:	Office of Initial Patent Exam	nination		:
SUBJECT:	Fee Due			
APPLICAT	TON NUMBER: 100 75	149	_	7
authorizatio	for the attached document sune following reason. Please of the charge a deposit account. ppropriate fee. If an authorizationcy.	heck the applicat	ion for the appropri	ate
□ Insuffici	ent fee by check			
☐ Insufficie	ent funds in deposit account			
☐ Declined	credit card		• •	
□ Non auth	orization for charge to deposit	account		•
□ No fee su	bmitted per requirement *			
	ee code: 197	amount amount	s 740	
Fee Due		amount	- \$ =\$	
If you have an Eleanor Kurtz	y questions, please contact Cy at 703-308-3642.	nthia Streater at	703-306-5430 or	
Terminal Oper	atorMollA			

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

00/00.02.0060

CLAIMS AS FILED - PART I (Column 1) (Column 2)					_	SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS		1				Г	RATE	FEE	[RATE	FEE	
FOR		NUMBER F	FILED NUMB		R EXTRA	ŀ	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		6 min	minus 20= *		9-		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS				inus 3 = * 🗡		7		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2				olumn 2	L	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	OTHER SMALL!		
NT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIR4	-		X42=		OR	X84=	
Ľ.	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENUEN	CLAIM			+140=		OR	+280=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Coli	ımn 2)	(Column 3)	•	ADDIT. FEE		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
A ME	Independent	*	Minus	***	IT CLAIS!	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENUEN	II CLAIM		!	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	<u></u>
WE!	Independent	*	Minus	***	IT OLAILA		$\ \cdot\ $	X42=		OR	X84=	
尸	FIRST PRESE	ENTATION OF M	OLTIPLE DE	PENDE	VI CLAIM		ا ا	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												